If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	11	Example II	
The principal cause o of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	111-311-3	July 5, 1927	Peritonitis	3 days ago
3	BURLAS			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

	-CERTIFICATE OF DEATH 04884
1. PLACE OF DEATH Dorchester	(3)
7	Registration Dist. No. 116
Village or City Cambridge, Md.	ND. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sarah Della Bennett.	
(a) Residence: No. Cambridge, Md Kase,	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH May I2th, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Late Thomas J. Bennett.	22. A HEREBY CERTIFY. That I attended daceased from 1 HEREBY CERTIFY. That I attended daceased from 1934, to May 12 , 1934
6. DATE OF BIRTH (month, day, and year) 1852.	I last saw hold alive on May 12 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 Noon.
82 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER UCINED MONEY	Date of onest
kind of work done, as SPINNER, House Work. SAWYER, BDOKKEEPER, etc	- Start - A
work was done, as SILK MILL, SAW MILL, BANK, etc.	Weffure Weffures .
kind of work done, as SPINNER, House Work. SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and 1933. 11. Total time (years) spent in this Life occupation.	Avenia 58-234
12 BIRTHPLACE (city of town) Dorchester Co.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) DOPENIES LET CO. (Stata or country) Md.	Myscardites ?
E 13. NAME Lohn Wheatley.	
13. NAME Lohn Wheatley. 14. BIRTHPLACE (city or town) Dorchester Co.	Name of operation Data of
(State of country)	What test confirmed diagnosis? Chuncal Was there an autopsy? 200
15. MAIDEN NAME Hennie Palemer. 16. BIRTHPLACE (city or lown) Dorahester, No.	23. If daath was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
∑ (Slate or country) Md.	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Howard Bennett. (Address) Cambridge, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place James, Md. Date 5/15/34.9	Manner of injury
19. UNDERTAKER Granville S. JeCompte. (Addrass) Cambridge, Md.	24. Was disaase or injury in any way ralated to occupation of deceased?
20. FILED May 14, 19 34 D Giller E. Mee Kins Registrar.	(Signed) Coole M Face M. D. (Address) Country of M. D.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUDEAU V. S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		r et	
			Per Sale

ADDITIONAL SPACE FO	FURTHER STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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1. LACE OF DEA	hester	1			
County DOLG					Registration Dist. NoII6
Village or City Ca	mbridge	, Md.		No Cambridge	Md Hospital. St. 5
Length of residence in o	city or town where	deeth occurred 3]	L yrsmos	death occurred in a hospital or in ds. How long In U.S.	stitution, give its NAME instead of street and number if of foreign birth?
2. FULL NAME R					
(a) Residence: No.				St. I Ward.	
(a) Residence, ND.		(Usual place of		St, ward.	If nonresident give city or town and State
PERSONAL AN	ND STATIST	ICAL PARTIC	ULARS	MEDICAL	CERTIFICATE OF DEATH
3. SEX 4. COLO	OR OR RACE	5. SINGLE, MARRI OR DIVORCED (21. DATE OF DEATH	
Female W	hite	Marrie	ed.		May 28th, 1934 (Month) (Dey) (Y.
ia. If merried, widowed, or div HUSBAND of (or) WIFE of Lore					(100)
(or) WIFE of Lorene Benton.				may 5	BY CERTIFY, Thet I attended decease 1984, to Way 28 19
B. DATE OF BIRTH (month, da	v. and veer) 5	/25/1898.		I last saw h_ea/alive on_	may 28 ,1934; deeth
. AGE Yeers	Months	Deys	If LESS then	to have occurred on the dete s	JQ A 11
35	II	23	1 dey,hrs.	The PRINCIPAL CAUSE OF DI	EATH end releted causes of importence
8. Trede, profession, or p	articular			Hypernell	hours of left Date
SAWYER, BOOKKE		lephone C	perator	· Mldury -	and feel but
kind of work done, as SPINNERTelephone Operator SAWYER, BOOKKEEPER, etc. 3-Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this securation (months and 5 /4 /34 11. Totel time (yeers) T.5		melatitases	to lienge. Englin		
10. Dete deceased lest wo this occupetion (mo yeer)	rked at 5/4/	34 11. Totel time spent i	(yeers) I5	Cerebraln	ulastasis 5-2
2. BIRTHPLACE (city or town) (State or country)	Holla:	ns Island	l.	Other Contributory Causes of I	mportance:
13. NAME Wm.	C. Ben	nett.			
13. NAME WM • 14. BIRTHPLACE (city or to	own)	irginia.		Name of operation	
15. MAIDEN NAME	Emily F			Whet test confirmed diegnosis?	
15. MAIDEN NAME	Ta	kesville.			ceuses (VIOLENCE) fill in elso the following:
(Stete or country)	own)	Md.		Where did injury occur?	Date of injury, 19
7. INFORMANT Frna (Address)	ces Mat	thews.			(Specify city or town, county and State) in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Cambridge, Md. Octo 5/30/34)/34,49	Manner of injury	
9. UNDERTAKER Gra. (Address) Ca	nville :	S. LeComp	te.	24. Wes diseese or injury in any	way releted to occupation of deceased? W
0. FILED 6-8-J.		Gielut	Registrar.	(Signed) evgl	ie on Facer Cambridge Wol'

V. S. No. 1

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BUREAU V. S.	è		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

of OCCUPA-

Exact statement

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	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	889
1. PLACE OF	DEATH		93.0	
County	Nor chesta	,	Registration Dist. No.	
Village or Ci	ity Vien	na	NoSt.,	Ward
Longth of mode	dance in aitu au tawa where de		death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. If of foreign birth?yrs,mos	
Length of resid	dence in city or town where de	and occurred to the same	4-1	100000000000000000000000000000000000000
2. FULL NAT	ME A	na u. 12ca	des	
(a) Resident	ce: No. Ullann	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSON	AL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jenale	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED faurite the word)	21. DATE OF DEATH	193
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divarced Bu	lades	22. I HEREBY CERTIFY, That I attended of	eceased from
6. DATE OF BIRTH ((month, day, and year)	Peh. 8, 1809	Hast sawh er alive on May 121 1929	death is sald
7. AGE Yea	rs Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
14	7	ormin.	were as follows:	Date of onset
8. Trade, profes	ssion, or particular vork done, as SPINNER, , BOOKKEEPER, etc	Yours	Thomas Murray deti	2
9. Industry or	business in which		CA JOANG //07	
SAW MIL	s done, as SILK MILL, L, BANK, etc		_	
10. Date decease	ed last worked at pation (month and	11. Total time (years) spant in this		
year)		occupation	Other Contributory Causes of Importance:	_
12. BIRTHPLACE (ci		9	arterio alesono	2
(State or cour	ntry) // Ora	y Canos	-	
13. NAME 14. BIRTHPLACE	George M	arohall		
14. BIRTHPLACE		1081	Name of operation Date of	
(State of	country)	yes to mo.	What test confirmed diagnosis? Was there an a	
15. MAIOEN NA 16. BIRTHPLACE	IME Gliga	and Janbank	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE	(city or town)	a./ ms	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT	J.a. 30	Cado	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	iCE.
(Address) 18, BURIAL, CREMAT	TION, OR REMOVAL O	in the i	Manner of injury	
Place G.	new markel	Date May 23 , 1937		
	11 h:00	DD fres	24. Was disease or injury in any way related to occupation of deceased?	10
19. UNDERTAKER	E. n man	b. the	If so, specify	
200	22 411 80	: 0 :00 0 0 0	(Signed) 6,6 Maphes	M. 6.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) __

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
er (an an a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

04890

1. PLACE OF DEATH	
County Coulester	Registration Dist. No. 2 1 / 6
Village or City Quelling w.	No. R. F. D (Bulkton Ward
(H	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Suparyt the ange	ec, DIN
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	May 29 19334
5a. If merried, wildowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
Copan	May 20, 1934, to May 29, 1934
6. DATE OF BIRTH (month, day, and yeer) may 231/934	I last saw h De elive on May 29, 1934; death is sald
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date stated above, et/m.
7 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Premature Birth (71/2mos).
SAWYER, BOOKKEEPER, etc.	Memarine o and (1/2mos).
work was done, es SILK MILL, SAW MILL, BANK, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month end spant in this	
yeer) occupation	Other Contribatory Causes of Importance:
12. BIRTHPLACE (city or town) 6 ambus de	Other Contributory Casses of Importance.
(State or country)	Ferningel Broughs
13. NAME Sheeman Finkets	Pulmonia 2da
14. BIRTHPLACE (city or town) On whester Co	Name of operation
(State of country)	What test confirmed diegnosis? Was there en aulopsy?
15. MAIDEN NAME Lielie Mae Compe	-23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Silve Mae Complete That Complete The Complete That Complete The Complete That Complete The Co	Accident, suicide, or homicide? Date of injury, 19
(State or country) md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lielie to ample	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Suckland, 77	
Place Ducktons Md Date 5 - 31 1933	Menner of Injury
	Nature of Injury
19. UNDERTAKER	24. Wes diseese or Injury in any way related to occupation of deceased?
(Address) dullang md.	If so, specify (Signed) A. M. D. Beller M. D.
20. FILED 5 3D., 19 3 4 57 Leller Registrar.	(Address) / 26 Baco St Causbrales)
	24TI N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second contract of			
Other contributory causes of importance: Gallstones	25 4 4000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

item of infor-

Exact statement of OCCUPA-

STATE OF MADVIAND_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	MARTE	LAND		
County Dorchester			Registration Dist. No.	5
0.11-	_			
Village or City Chillian		(if	NoSt., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Langth of rasidance in city or town where	death occurred		ds. How long in U.S.if of foreign birth?yrsmos	
2. FULL NAME Sobert	hest	w		
(a) Residence: No.	town		St. Ward.	
	(Usual place of ab		If nonresident give city or town and State	e
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	14
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED OR DIVORCED (w	nite tha word)	21. DATE OF DEATH	
m	meni	id		(Yaar)
5a. If married, widowed, or divorcad HUSBAND of	1 +		22 I HEREBY CERTICY, That I attanded dece	ased from
(or) WIFE of Danut	hide ,			19.3 4
6. DATE OF BIRTH (month, day, and year)	874!	/	liast saw in alive on Tray 19 , 1934; da	ath is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the data stated above, at \$ 1.04.5 m.	
60 7		day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profassion, or particular	-			to of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	James		Myounditio 1	933
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.			1	
O 10. Oate daceasad last worked at	11. Total time (vaare)		
this occupation month and 19 3	spent in occupation	this ('/)		
			Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	land			
13. NAME Bynamil	Chester			
13. NAME 3 mg amin 14. BIRTHPLACE (city or town)			Name of operation Date of	
(Stata or country)	tus Co Hook		What test confirmed diagnosis? Clause Was there an au'op	
IS. MAIDEN NAME Mands	Sake		23. If death was due to external causas (VIOLENCE) fill in also the following:	Sy : 3-1-1-
15. MAIDEN NAME 16. BIRTHPLACE (city or town)			Accident, suicida, or homicide? Oate of Injury	10
E (State or country)	to Cu Tr	e(Where did injury occur?	,
17. INFORMANT Daniett	Chester		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) Carellows	Md			
18. BURIAL, CREMATION, OR REMOVAL	of In	01 6	Manner of Injury	
Place Statistically	Data.	2/-, 19-3	Nature of injury	
19. UNDERTAKER JA: M J	FClali	/ /	24. Was disaase or injury in any way ralated to occupation of deceased?	
(Address) Carula	acilia	MI	If so, specify	~~~~~
20. FILED 5 - I / 19 3 V &	7 Thom	uku	(Signed) Carroll MSAClan	M. D
	7	Registrar.	(Addrass) Om & Celan St	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1934	July 5,1927	Peritonitis	3 days ago	
DELOS ALL V. S. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A. te	S	TATE O	F MAR'	YLAND-
state UPA.	1. PLACE OF DEAT	TH/		
DOCC	County Dane	heste	~	
should of OCC	Village or City 12	un Rhoo	leadul	<u> </u>
NS ut	Length of residence in ci	ty or town where de	ath occurred	yrsr
IA]	2. FULL NAME	Jacob	- Co	le
PHYSICIANS ct statement	(a) Residence: Np. 2	Year Rh	(Usual place	of abode)
Exact	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS
7	3. SEX Male 4. COLO	R OR RACE	5. SINGLE, MARI OR DIVORCES	RIED, WIDOWED, O (write the word)
X A C T L classified.	5a. If married, widowad, or divo	su C	ale	
	6. DATE OF BIRTH (month, da	v and year) Uk	ril 8 -	1997
	7. AGE Years	Months	Days	if LESS than
stated proper ertifica	37	1	31	I day,h
cefully supplied. AGE should be in plain terms, so that it may be suit. See instructions on back of	12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or to (Stale or country) 15. MAIDEN NAME	as SPINNER, PER, R.C. PER, etc. I which SILK MILL, Etc. E	y sper	me (years) for it in this pation of the pati
d be carefu DEATH in p y important.	(Slate or country)	mar b+ ()	flen	\(\)
should E OF D is very	0	odes del	-24	ryland
on s ISE N is	Place Pres-C	merry	Date_///die	

				0	0
1	b	1	×	U	1
1	ĵ	T	0	9	5.4

23	
Regis	tration Dist. No. 160
No.	
St.,Ward.	nresident give city or town and State
MEDICAL CERTIFI	CATE OF DEATH
21. DATE OF DEATH (Month)	(Day) 193 44 (Year)
22. I HEREBY CER 19.3% 1 last saw h alive on 4/ 2/ to have occurred on the date stated above, at	8th 1934; death is said
The PRINCIPAL CAUSE OF DEATH and relawere as follows:	
	Date of onset
Juliman	Juber cu
River /	
/	
Other Contributory Causes of Importance:	
Name of operation	1
	Was there an autopsy?
23. If death was dua to extarnal causes (VIDL	
Accident, suicide, or homicide?	Date of injury, 19
Where did injury occur?(Specify whether injury occurred in INDUSTR	y city or town, county and State) RY, in HOME, or in PUBLIC PLACE.
Manner of injury	
Nature of injury	
24. Was disoasa or injury in any way related	
If so, specify	to occupation of decaased?
(Signed)	Myers M.D.
411 N. Charles Street, Baltimore, Requesting T	

If more blanks are needed, address State Registrar,

STATE OF MARYLAND—CERTIFICATE OF DEATH

(16

if LESS than I day,hrs. or min.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HUDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

E OF DEATH in plain terms, so that it may be properly classified.

is very important. See instructions on back of certificate.

No. 1	B.—WRI	mation	CAUS	NOIT
oi >	z	(T	-

STATE C	F MARY	LAND-	CERTIFICATE OF DEATH
County Dorohester			95-20
Coloatou	v11 .		Registration Dist. No. 1 0
Village or City		(lf	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		_yrs,mos	sds. How long In U.S. if of foreign birth?yrsmosds. 。
2. FULL NAME William I	F.Collisc	n	
(a) Residence: No.	(Usual place of	1 1	St., Ward.
PERSONAL AND STATISTI			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE White	5. SINGLE, MARRIE OR DIVORCED	ED, WIDOWED.	21. DATE OF DEATH Lay 8th, 1934 193
5e. If married, widowed, or divorced HUSBAND of Sallie L.C.	ollison		22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year)	av 5	1856	I last saw h Man alive on May 7 134 death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to heve occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence
8 Trade profession or particular		ormin.	were es follows: Date of onset
9. Industry or business in which work was done, as SILK MILL.	Parmer		Hourt Plack
SAW MILL, BANK, etc	11. Total time spent i	n this	
12. BIRTHPLACE (city or town)			Other Contributory Causes of importance:
13. NAME John Collison	n		
13. NAME John Collison 14. BIRTHPLACE (city or town) 1			Name of operation Dete of What test confirmed diegnosis? Was there an autopsy?
# 15. MAIDEN NAME PERRY HOU	th		23. If deeth was due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME PERRY HOU 16. BIRTHPLACE (city or town) (State or country)	đ.		Accident, suicide, or homicide?
17. INFORMANT Walter Coll (Address) Seaford,	m	٠ ساره	(Specify city or town, connty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury
Plece Brookview	Date Lay	IO, 1934	Nature of injury
19. UNDERTAKER Jharptown (Address)		•••••	24. Was disease or injury in eny wey related to occupation of deceased?
20, FILED In ay 27 , 19 34 J h	Hasting	Registrar.	(Signed) S. Ruhlung M. D. (Address) Mullimpton M.D.
If more	blanks are needed, addi	ress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
KINCELANA				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory cause of importunce: Gastroenteria 'A OVERAR	1 year	
		ME AT NUL		

ATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF COR County item of should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence in city or town where death occurred statement How long in U.S. if of foreign birth?_____yrs. RECORD. (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month classified 5a. If married, widowad, or divorced HUSBAND of 22. CE . That I attended deceased from (or) WIFE of 田 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months Days If LESS than 1 day,hrs ATH and related causas of importance or____min. ware as follows Date of onset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaasad lest worked et on 11. Totel tima (yeers) this occupation (month end spent in this that occupation instructions 12. BIRTHPLACE (city or town) (Stata or country) supplied. plain terms. FATHER 13. NAME 14. BIRTHPLACE (city of (Stata or count carefully MOTHER very important. 15. MAIDEN NAME ij 23. If death was dua to external causes (VIOL ENCE) fill In also the following 16. BIRTHPLACE (city or town DEATH Accident, suicide, or homicida?. (Stete or country) Whare did injury occur?. should be (Specify city or town, county and State) 17. INFORMANT INDUSTRY, In HOME, or in PUBLIC PLACE (Addrass) OF 18. BURIAL, CREMATION, DR REMOVAL -WRITE Mannar of injury AUSE mation LION Nature of Injury 24. Was disaase or 19. UNDERTAKER (Addrass) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1915		
4010	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1.	STATE OF STATE OF	MARYLAND-	CERTIFICATE OF DEATH 04895
0	1. PLACE OF DEATH	-	<u> </u>
	County Dorchester		Registration Dist. No. II6
	Village or City Cambridge,	Md.	No. Cambridge Maternity Hospital ward
	Length of residence in city or town where death	occurred X yrs X mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds
:	2. FULL NAME Infant Day		
	(a) Residence: No. Washin	gton, St.	St., 4 Ward.
-	PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and State
3.		SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
		OR DIVORCED (write the word)	May 30th,
	If married, widowed, or divorced	TIIIOMIO	(Month) (Day) (Year)
	HUSBAND of Infant		22. I HEREBY CERTIFY. That I ettended decessed from
_			may 30, 1934, to Way 30, 1935
6.	DATE OF BIRTH (month, day, and yeer) 5/2	30/34.	I last saw h A anve on 19 ; deeth is said
7.	AGE Years Months S	tall If LESS than	to have occurred on the date stated above, at 12 Noon.
	x x	Born, I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were established:
HON	8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	x	ftel-bon wfart of Date of onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	x	
000	10. Date deceased last worked at this occupation (month end yeer)	11. Total time (years) spent in this occupation	
	PIPTURI ACE (city or town) Cambridge	re	Other Cantributery Causes of Importance:
12,	(Stete or country)	Md,	Parties of Confession of
2	13. NAME Brerewood Davis		Charing Curtains
FATHER	Cambi	ridge,	futures Africano
FA	14. BIRTHPLACE (city or town) (State or country)	Ma,	Name of operation Date of Date of
ER	15. MAIDEN NAME Rose M. We	eigel.	What test confirmed diagnosis? Was there an autopsy?
MOTHER	10. DINTHIPLACE (CITY OF TOWN)	imore,	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homitide?
	(State or country)		Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT Brerewood H. I (Address) Cambridge, Me		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL		Manner of injury
	PlaceCabbidge Md D	ate 6/I/34 , 19	Nature of injury
26	Convilla		
19.	(Address) Cambridge,	Md.,	24. Wes disease or injury in eny way related to occupation of deceased? If so, specify
20.	FILED 5-31, 1934 N. 4	what heeke	(Signed) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	
		•		

No. 1	B.—WRI	matio	CAU	TION
× .	N. E	(T)

1. PLACE OF DEATH	1 1	93-2	
County Darch	este	Registration Dist. No. 19	
Village or City	egated -	NoSt.,	War
Length of residence in city or Jown who	ere death occurred 80 yrs. 10 mos.	death occurred in a horpital or institution, give its NAME instead of street and numb 20 ds. How long In U.S. if of foreign birth? yrs. mos	er)
2. FULL NAME	Dean		
(a) Residence: No.	ngates m.	St., Ward.	
BEECONAL AND CEAT	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIS 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
Male White	5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (rurite the word)	21. DATE OF DEATH (Month) (Day) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	5 Rabinary	22. I HEREBY CERTIFY, That I attanded decase 1974 to lice 21	ased fro
6. DATE OF BIRTH (month, day, and year)	7/1/1853	I last saw hard alive on 2000 21 1934; dee	19.09
7. AGE Years Months	Oays If LESS than	to have occurred on the data stated above, a 5.25 Fm.M	1tti 15 541
80 10	3 0 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Ferner:	2 1: 0 Den - 8 DA	10 of ones
		(-)	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) 60 spent in this occupation		
das	Cessolo	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	med,	unc	
13. NAME Thomas	· Deari		
14. BIRTHPLACE (city or town)	keraele	Name of operation	
(State of Country)	- one	What test confirmed diagnosis? Was there an autops	sv?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	held talement	723. If death was due to external causes (VIOLENCE) fill In also the following:	- 11
16. BIRTHPLACE (city or town)	akeweele	Accident, suicide, or homicide? Oate of Injury,	19
(State or country)	5 my	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT AS RECEIVED (Address)	regule my	Spacify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	-1 5/22/201	Manner of Injury	
Placa	Oate / 2 37 359	Nature of injury	
19. UNOERTAKER (Address)	bedge mod	24. Was disease or injury In any way ralated to occupation of deceased?	2
20. FILEO May 23, 1934 W	Land & Potal	(Signed) Q 15 Varee	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 ycar	

PHYSICIANS should state xact statement of CCUPA-

Exact statement

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04897
OHA.	(143)
Outrity	Registration Dist. No.
Village or City (and City (City))	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	1/
2. FULL NAME Sarah Denty	
(a) Residence: No. Sast new Market (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed or divorced	21. DATE OF DEATH (Oay) (193 (Year)
HUSBAND of (or) WIFE of ann H. Denby	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 5 /8 58	I last saw had alive on Duay 10 1,193 4; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, a 2,42 m.
3) Jan) ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wahan Kung
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cente delection of Heard 5/10/14
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation.	Course not known. Cut Dr.
12. BIRTHPLACE (city or town) 2 and new market (State or country) md.	Other Contributory Causes of Importance: Syplaratory Laparotomy, a Espera Labory under book. anesthatic, to exclude oranian exat.
13. NAME Cham, Janan	· · · · · · · · · · · · · · · · · · ·
(State or country)	Name of operation Exploration Lafaration Date of 5/10/34 What test confirmed diagnosis? A was there an autopsy? No
15. MAIDEN NAME freshing men	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) frankly of Med 3. (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT / Police (Address) (ambud) mf	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	nner of Injury
Place and New Male toate 5 - 12, 19 30	Nature of injury
19. UNDERTAKER It'The Wellough thomas (Address) East reing Morket ma	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 5-10, 19. 34 Or. Killest meek. Registrar.	(Signed) M. D. (Address) Cambridge 2006.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WN 5 1939			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
- Career Control	May 1,1320	Tusa venteruis	1 year

V. S. No. 1

O FILL MARKE	n city or town where		f death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME	tart	anks Elle	oll	
(a) Residence: N)	ZI : 1	St., Ward. If nonresident give city or town	16.
PERSONAL	AND STATIST	(Usual place of abode)	MEDICAL CERTIFICATE OF DEAT	
	OLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the word)	21. DATE OF DEATH	, 193
5a. If married, widowed, or HUSBAND of (or) WIFE of	divorced	Oct. 6, 1933	22. I HEREBY CERTIFY, That I atten	ded dece
6. DATE OF BIRTH (mont) 7. AGE Years	, day, and year) S Months	Days If LESS than I day,hrs.	to have occurred on the data stated above, at	2.5%; de:
SAWYER, BOO	ona, as SPINNER, KEEPER, atc ss in which		ware as follows: of mot allend Sunce april	Da
9. Industry or busing work was done SAW MILL, BA 10. Date deceased las this occupation year)		II, Total time (years) spent in this occupation	Tollowid by a pulmonary condition	- (V
12. BIRTHPLACE (city or t (State or country)	wn) Cra	po	Other Contributory Causes of importance: ally bromshown	Sur or
13. NAME 7	eirban ortown) D	a Co	Name of operation Date	
(Stata or count	(y)	nd	What test confirmad diagnosis? Was thara	an autop
15. MAIDEN NAME 16. BIRTHPLACE (city (State or coun		Esmalls	23. If death was due to axternal causes (VIOL ENCE) fill in also the folion Accident, suicida, or homicide?	
17. INFORMANT (Address)	alher	a med	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, Placa	or REMOVAL	Date May 20 193	Manner of injury	
19. UNDERTAKER 9	ewis 1	Sayneum	24. Was disaase or injury in any way related to occupation of dacaasad	?
(Addrass)	3 £ m.	AL DO	If so, specify (Signad) TO Query	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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The second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones all we have	May 1,1923	Gastroenteritis	1 year

PHYSI-

	1 PLACE	OF DEATH		
Co	ounty Do	rchester	second desiration of the second desiration of	
/illa	age or City	, Vienna, R.	D. , Md (No.	9 *******************************
	² FUL	L NAME Joh	n Fisher	•
	PERSO	NAL AND STATISTI	CAL PARTICI	ULARS
3 81	Male.	White.	5 SINGLE, MARRIED, WIDOWED OR DIVORO (Write the v	ED
3 D.	TE OF BI	RTH		
		Ang (Month	/5-) (Day)	, 11873 (Year)
AG	E	60 6	/3.	If LESS than I dayhrs.
bi w	isiness, or			
	10 NAME FATHE		r. Fisher	
ARENTS	11 BIRTH OF FA' (State	PLACE	4.	
PAR	12 MAIDE OF MO		Lurlug	
	13 BIRTH OF MO (State		5	
14 T	(Informant)	Po og	lley	NOWLEDGE
15	(Addr		19e 17.2	
F	iled ma	4 28 19234 C	egabeth)	r. brail.

STATE OF MARYLAND 899 CERTIFICATE OF DEATH

94-0

20 UNDERTAKER

Registration Dist. No.

St.;Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- read of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH May 26th.,	1934., 192(Year)
17 I HEREBY CERTIFY, That I att	
May 16th., 193492 to May	23rd., 19342
that I last saw h im alive on May	23rd., 1934102
and that death occurred on the date states	above, at 6 Pam.
The CAUSE OF DEATH & was as follows:	
Angina Pectoris.	
***************************************	00000000000000000000000000000000000000
	00000000000000000000000000000000000000
(Duration)	yrs6mosde,
Contributory	· W
(Signed) Delivarial S	aukus M. D.
May 26." 1934 . (Address) V.1en	na Md
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju- Accidental, Suicidal or Homicidal.	or, in deaths from ury; and (2) whether
18 LENGTH OF RESIDENCE (For Hospi ients, or Recent Residents)	
At place In the of deathyrsmosda. State	yrsmosda.
Where was disease contracted, if not at place of death?	
Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Dec.	May 28 1934

ADDRESS

if more blanks are needed, address State Registrar, 16 W. Saratoga St.,

WALNUT TO STATE

ANGRE, ANDREWS

Torget Et. union

PECEIVED

BUREAU V S.

normal and the The world

V. S. No. 1

Country Dit Colored Control of the Colored Co	STATE OF MARYLAND—	CERTIFICATE OF DEATH 04900
Village or City Ward Length of residence in city of the second of the second of the body in the second of the se	1. PLACE OF DEATH	107-0
Length of residence in city or town where death occurred JYSmos. ds. How long in U. S. If of foreign birth?yrsmos. ds. 2. FULL NAME (a) Residences: No		Registration Dist. No.
Langth of residence Indits or fown where death occurred yes 2, mos. ds. How long in U.S. If of foreign birth? yes 2. mos. ds. 2. FULL NAME (a) Residence: No. Full College of abods St. Ward. (b) Residence: No. Full College of abods St. Ward. DEPERSONAL AND STATISTICAL PARTICULARS S. Ward. 3. SEX (a) COLOR OR RACE (b) SNRUE MARKER of the particular of the particul	Village or City Combined of	No. Aletcher Journ St., Ward
2. FULL NAME (a) Residence: No. # Let Cure above of abodio St. Ward. If amendest give city or town and State PERSONAL AND STATISTICAL PARTICULARS 1. SEX		
(a) Residence: No. Flat Clusiplace of shocks) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIER, WRONED, OR DIVORCID (orise the Nation) 6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Obys 1 HLES' than 1 Gay. 1 A. Saw Mill. BANK, etc. S. Mindustry or business in which Shire of becaused law worked et this conception (month) Saw Mill. BANK, etc. S. Mindustry or business in which Shire of because district or country) 12. BIRTHPLACE (city or town) (State or country) 13. MAME 14. Maller Name 15. MAIDEN NAME 16. MAIDEN NAME 16. MAIDEN NAME 17. MAIDEN NAME 18. BURIAL, CREMATION, DR. MAIDEN 18. BURIAL, CREMATION, DR. MAID		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("mir this speed") 6. DATE OF BIRRH (month, day, and year) 6. DATE OF BIRRH (month, day, and year) 7. AGE 7. AGE 7. AGE 8. If married, widowed, or divorced with the speed of the speed of the date stated above, speed of the date stated abov	CI+I a	Ct Word
3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED Corrise the world) 53. If married, widowed, or divorced (co) wife of		
Sa. If married, widowed, or divorced HUSBADO of Corp. Wife of of Corp. W	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
## SATE OF BIRTH (month, day, and year) **Mark. **13 **, 13 **16 ** **Nontha	On Divionatina	May 23' 193 %
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If IEES than Idayhrs	5a. If married, widowed, or divorced	(month) ((bay) (feat)
S. DATE OF BIRTH (month, day, and year) When J S, J S, I last saw h. I slive on. (19.7.) death is said to have occurred on the date stated above, at J M. m. The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: No SAWTER, BOOKKEPPER, etc. (10. Date of one as SPINNER, SAWTER, BOOKKEPPER, etc. (10. Date of one as SILK MILL) SAW MILL, BARK, etc. (10. Date deceased last worked et succepation (month) and succep	(or) WIFE of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Oays If LESS than 1 day, frs. or. mins. or. mins. Were as follows Oate of ones. B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) Spent in this occupation. Category Other Centribetery Cases of importance: Other Centribetery	Re. 40 1924	had why and I ask
8. Trade, profession, or particular kind of work done as SPINNER, SAWTER, BONKEPER, etc. 9. Industry or business in which was done as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation month and cortupation. 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME Fraction for town (State or country) 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BURLAGE (City or town). 19. UNDERTAKER (Address) 20. FILEO. 10. Date of injury no year language or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address)		043"
S. Trade, profession, or particular kind of work done as SPINNER, sawyer, BOOKREPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKREPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years)	2hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) Citate or country) 13. NAME 14. BIRTHPLACE (city or town) Citate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. Citate or country) 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19.	8. Trade, profession, or particular kind of work done, as SPINNER.	
12. BIRTHPLACE (city or town) Citate or country) 13. NAME 14. BIRTHPLACE (city or town) Citate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. Citate or country) 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19.	SAWYER, BOOKKEEPER, etc.	free 1930
12. BIRTHPLACE (city or town) Citate or country) 13. NAME 14. BIRTHPLACE (city or town) Citate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. Citate or country) 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19.	work was done, as SILK MILL,	
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13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Par I as Care	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME Transis Use, Marchael 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Addless) 19. UNOERTAKER (Addless) 19. UNOERTAKER (Addless) 20. FILEO 10. FILEO 11. SAME test confirmed diagnosis? Was there an au'opsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred is INOUSTRY, in HOME, or in PUBLIC PLACE Menner of injury Nature of injury 19. UNOERTAKER (Addless) 20. FILEO 11. So, specify (Signed) M. O. Registrar. (Address) Mas there an au'opsy? 4. Wes there an au'opsy? 4. Wes disease or injury in any way related to occupation of deceased? M. O. Registrar. (Address)		
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME Transis Use, Marchael 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Addless) 19. UNOERTAKER (Addless) 19. UNOERTAKER (Addless) 20. FILEO 10. FILEO 11. SAME test confirmed diagnosis? Was there an au'opsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred is INOUSTRY, in HOME, or in PUBLIC PLACE Menner of injury Nature of injury 19. UNOERTAKER (Addless) 20. FILEO 11. So, specify (Signed) M. O. Registrar. (Address) Mas there an au'opsy? 4. Wes there an au'opsy? 4. Wes disease or injury in any way related to occupation of deceased? M. O. Registrar. (Address)	13. NAME DEmmis. Felsteher.	
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19. UNOERTAKER A. Volume of injury 24. Wes disease or injury in any way related to occupation of deceased? (Address) Z. 2 (Signed) (Signed) (Address) (Address) (Address) (Address)	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
20. FILEO_May 5.3, 19.3 4 Delhel-Mecke (Signed) (Address)	Place 73 www Compate May 28, 1934	Nature of injury
20. FILEO. May 53, 1934 Delhel Mecke (Signed) (Address) M. O.		
	20. FILEO. May 53, 1934 Dr. Dechert Much	(Signed) M. O.
		-V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7-15-11

state JPA.	STATE OF MARYLAND-	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	730
nld OCC	con County Doubastan	Registration Dist. No.
should should	Village or City Cambridge Med	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?mrsmosds.
PHYSICIANS ict statement	2. FULL NAME Horas Morange	Garne
SIC	(a) Residence: No. Ome Hotel	St Ward.
HY:	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 6 193 4 (Year)
X A C T l	5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Nov /) /88 4	I last saw h lass alive on May 6 1934 death is said
d I	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:204 m.
stated E properly certificate.	49 11 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
be post	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	11. + 5.11. +
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (months and the count in this companies).	
	SAW MILL, BANK, etc.	disease cuipo
AGE sh that it ons on	10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation occupation	
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) Ordland Pa	Other Contributory Causes of Importance:
s, s	(State or country)	Cerebral Dedenia / 2 da
oplio erm inst	13. NAME Vin Game	Passifly alsoholan
illy supplied plain terms, See instri	4. BIRTHPLACE (city or town)	Name of operation Date of
lly plai	(State or country)	What test confirmed diagnosis? Was there an autopsy?
in ant	15. MAIDEN NAME Elizabeth morgan	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
careful TH in p	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dale of injury, 19
Id be	(State or country)	Where did injury occur? (Specify city or town, county and State)
Should OF DI	17. INFORMANT AND U. Harris	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place ford to Date May 1, 1934	Nature of Injury
mation s CAUSE TION is	19. UNDERTAKER trank & altrough	24. Was disease or Injury In any way related to occupation of deceased?
T	20. FILED May & , 19 3 4 h Leller Mels	(Signed) at Merain Tund M.D. (Address) 26 Racest Cambrille So.
		And No. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

UNFADING INK-THIS IS A PERMANENT RECORD. Every

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1	}	T	J	V	1

1. PLACE OF DEATH	920
County Dogchestes	Registration Dist. No.
Village or City Keeds Grave Ind	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
= 1 10 00	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Columna Jellondy	
(a) Residence: No. Weads Trade Md _ (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DivorceD (write the word)	May 29 11 1934,
5e. If married, widowed, or divorced	(Year) (Year)
HUSBAND of (or) WIFE of	I HEREBY CERTIFY Thet I attended december from
1079 77	114 1 19 14 1 19 14 1 19 19 19 19 19 19 19 19 19 19 19 19 1
6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Deys If LESS then	l last sa 1, 19 ; deeth is seid
7. AGE Yeers Months Deys If LESS then 1 day,hrs.	to have occurred on the dete stated above, et
8. Trade, profession, or particular	were as follows:
Kind of work done, es SPINNER, Jahoner SAWYER, BOOKKEEPER, etc.	a grante farmen and
9. Industry or business in which	Alan autilian 24
work was done, as SILK MILL, SAW MILL, BANK, etc.	27-0
Spent III this	Elete
yeer)occupetion	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	Mone asher Land of Importance ashers
(State or country)	of some
13. NAME CREATER 14. BIRTHPLACE (city or town) CREATER 15.	<i>f</i>
14. BIRTHPLACE (city or town) UNAMOUNT (State or country)	Name of operation Dete of Porce
	What test confirmed diagnosis? Was there an autopsylo
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of Injury
Totale of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Want of the same o
Plece audides md Dete May 3/ 1934	Nature of injury
Levis Banens	
19. UNDERTAKER CLUTS Samuelling (Address)	24. Wes disease or injury in entry ey related to occupation of deceased?
7. 18 40 - 1 15 0	(Signed) The Land Cally
20. FILED. May 31, 19 34 DJ. Geller & Merker Registrar.	(Address) Sambila h
1	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1904 - NN°5 1904	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
••			

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				
.O.					

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

Langth of residence in gitz are town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1903
Village or City. Length of residence in city or town where dayly occurred. Length of residence in city or town where dayly occurred. 2. FULL NAME (a) Residence: No. Clausipiace of shodo) PERSONAL AND STATISTICAL PARTICULARS 3. SIGNAL AND STATISTICAL PARTICULARS See If merried, widowed, or glycored for your few your your fe		110	(.
Langth of residence in city or town where death occurred	County County	Registration Dist. No. 4756	114
Length of residence in city or town where death occurred. 2. FULL NAME 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (f) Residence: No.	Tillage bi oity	NoSt.,	Ward
(a) Residence: No. (Clustalplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. Sim 4. COLOR OF RACE OR DEVORCED. (write the word) Set If merried, widowed, or provided HUSSAND HUSSAND OR PROVIDED HUSSAND HUSSAND OR PROVIDED HUSSAND HUS			
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SECTION OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Set If merried, widowed, or playerced HUSBAND of (OP) HUSBAND OF BIRTH (month, dey, wid year) 1. AGE Vears Months Days If LESS than 1 day, his, his, wire as follows: S. Trade, profession, or perticular wire deceased in the profession, or perticular wire as follows: S. Trade, profession, or perticular wire deceased in the profession, or perticular wire as follows: S. Trade, profession, or perticular wire deceased in the profession wire as follows: S. Trade, profession, or perticular wire deceased in the profession wire as follows: S. Trade, profession, or perticular wire deceased in the profession wire as follows: S. Trade, profession, or perticular wire deceased in the profession wire as follows: S. Trade, profession, or perticular wire deceased in the profession wire as follows: S. Trade, profession, or perticular wire deceased in the profession wire as follows: S. Trade, profession, or perticular wire deceased in the profession wire as follows: S. Trade, profession, or perticular wire as follows: S. Trade,	2. FULL NAME losales. Alaywar	-	
PERSONAL AND STATISTICAL PARTICULARS 3. SSM 4. COLOR OF RACE 5. SINCLE, MARRIED, WIDOWED, OR, DYORCED, Currie the word) 56. If merried, widowed, or fivorced (INSEAND of (Or) Wife of (St., Ward.	
3. SIM 4. COLOR OF RACE ON DIVORCED, (winter the world) Se. If merried, widowed, or provided (USBAND of COT) WIFE of COT WIFE			ate
So. If married, widowed, or glycorced (Warize the word) 193 (Year) 194 (Majlb) (Day) 193 (Year) 194 (Najlb) (Day) 195 (Year) 195 (Year) 195 (Year) 195 (Year) 195 (Year) 195 (Year) 196 (DATE OF BIRTH (month, dey, and year) 197 (Age) 198 (Year) 199 (Year) 199 (Year) 190 (Year) 1			11000
59. If merried, widowed, or divorced HUSBAND of Corp WiFE	" STATE OF STATE OF THE	mey -	193
S. DATE OF BIRTH (month, dey, slid year) 7. AGE Years Months Days If LESS than 1 day hrs. or min. or or or min. or or or or min. or	HUSBAND of		
6. DATE OF BIRTH (month, dey, Mid year) 7. AGE Years Months Jays If LESS than I day,	The second second		
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8. Trade, profession, or perticular hind of work done, as SPINNER, SAWYER, BDOKKEPPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BARK, etc. 11. Total time (years) this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 24. Wes disease or injury in any wey related to occupation of deceased?	months and it can than		
8. Trade, profession, or perticular kind of work done as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BDDKKEPER, etc. 10. Dete decessed last worked et this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stele or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stele or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 24. Wes disease or Injury in any wey related to occupation of decessed? 24. Wes disease or Injury in any wey related to occupation of decessed?		Wore as tollows.	
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Place Date Date Nature of injury 19. UNDERTAKER 24. Wes disease or Injury in any wey related to occupation of deceased?	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
19. UNDERTAKER 24. Wes disease or Injury in any wey related to occupation of deceased? 20	Place Dilte 3/27/194		
	19. UNDERTAKER (Address)		0
20. FILED May 2 3, 1934 Welson D Pritchett (Signed) & St. Paces M.	20. FILED May 2 3, 1934 Welson D Pritchett	2 2 5	M. D.
If more blanks are needed, address State Registrar 2017 N. Charles State Religions Pourses and S. N.			

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Example I	[]	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AL .			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

BINDING

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of onset

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, BULEAU V	9		
The state of the s	U.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

important.

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of occupa-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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- 1	2	T	V	0	U

:	1. PLACE OF DEATH	(2)	1300
	County Dorchester	Registration Dist. No. / / C)
	Village or City Hurlock	No.	Ward
	(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and na	amber)
	2. FULL NAME Liza E. Hubbard	, , , , , , , , , , , , , , , , , , ,	
	(a) Residence: No.	St., Ward.	
and the same of	(Usual place of abode)	If nonresident give city or town and S	itate
,	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5 SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
	Female Colored OR DIVORCED (write the word) Widow	21. DATE OF DEATH May 10th	193 /
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Hubbard	22.0 I HEREBY CERTIPY, That I attended do	eceased from
6.	DATE OF BIRTH (month, day, and year) Sent. 10, 1857	May 1. 219 34 to May 104	, 19.344 death is said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7P m.	death is said
	76 8 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	
N	8. Trada, profession, or particular kind of work dona, as SPINNER.		Date of onsot
OCCUPATION	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc HOUSEWIFE 9. Industry or business in which	Chromo Interstitial	kum
UP.	work was dona, as SILK MILL, SAW MILL, BANK, etc.	nephniks	, ,
000	IO. Date deceased last worked et this occupation (month and year)		
12	BIRTHPLACE (city or town) Hurlock	Othar Contributory Causes of Importance:	1 11
	(State or country)	arterio I Clerosis	nother
1ER	13. NAME Wm. Murray		My My
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of	
_	(State or country) Maryland	What test confirmed diagnosis?	topsy? Jeo
HE	15. MAIDEN NAME Viney Lake	23. If death wes due to extarnal causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Mary land (State or country)	Accident, suicided or homicide? Date of injury Where did injury occur?	, 19
17.	INFORMANT Raymond Hubbard (Address) Federal Sburg, Md.,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE)E.
18.	Burial, CREMATION, OF REMOVAL Placa Federalsburg Date 5/13 1934	Manner of injury	
19.	UNDERTAKER W. H. Hollis & Son	24. Was disease or injury Iπ any way related to occupation of deceasad?	0
-	(Address) Preston, Md.,	If so, specify A Mach dos	
20.	FILED 5 / 12, 1924 Mas Metashings	(Address) Preston Med	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	07-0
County Duchectu	Registration Dist. No. // 6
Village or City What was a second of the contract of the contr	ND. St., Ward
Length of residence in city or town where death occurred vrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?mosds.
3-1. T	0
2. FULL NAME	St., U Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR BY VORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Y last saw h alive on 5 - 2 4 19.34 death is sald
7. AGE Years Months Days If LESS	than to have occurred on the date stated above, at 1/4 41-1m.
8 1 dey,	THE TAINCH AL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
SAWYER, BDDKKEEPER, etc.	Premiser 193
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (yeers)	
Spont in this	
yaar) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stats or country)	
E	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
I 15. MAIDEN NAME / Forel / Lucly	What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT And Lucky (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Date 3 - 2 5 , 1	9 Nature of injury
19. UNDERTAKER Dungled Kighan	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 5-V 5, 1977 D), Relly 6	(Signed) M. D.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	91
1. PLACE OF DEATH		47
County Dorchester	Registration Dist. No. // Z	
	No. St., If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos	
2. FULL NAME Clice factason. (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 9, 1933 (Month) (Day) (Ye	4
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased ,19,19	
DATE OF BIRTH (month, day, and year) may 9 - 19 34 AGE Years Months Days If LESS than 1 day, hrs.	I last saw h alive on, 19; death to have occurred on the date stated above, at3 Am,	Is sa
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) occupation.	altended by Induste	
2. BIRTHPLACE (city or town) Jennica (State or country)	Other Contributory Causes of importance:	
13. NAME Edward Johnson 14. BIRTHPLACE (city or town) (State or country)	Name of operation	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
8. BURIAL, CREMATION, OR REMOVAL Place Date 49 04 9 ,1984	Manner of injury	
9. UNDERTAKER Tassily (Address) The may 1934 Ele De Dal etter brash.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Classabeth W. Land	gice M.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Example I		Example II		
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Arteriosclerosis C	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAUV				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1/	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1	
8	l of	plnc	OCCI		
	iten	she	13	IM	
	very	ANS	nent		
	D. E	SIC	state		
	COF	PHY	act		
	T RE	Υ.	Ex		
NG	KEN	TI	fied.		
NDI	MAI	XAC	lassi		
BI	PER	E	rly c	ate.	
JARGIN RESERVED FOR BINDING	IS A	state	rope	ertific	
ED .	SIH	pe s	be I	of c	
RV	T	pluo	may	back	
ESE	IN	E sh	at it	s on	
N R	NIC	AG	so th	ction	
RGI	FAI	lied.	.ms,	ıstru	
IA	TO I	Idns	in ter	iee ii	
U	VIT.	fully	plai	it.	
	,Y.	care	rH ii	orta	
	AINI	d be	DEA		
	PL.	houle	OF	ION is very important. See instructions on back of certificate.	
	RITE	ion s	OSE	N is	
	>	at	V	2	

1. PLACE OF DEA		CO		(82.P)	ration Dist. No. II6	5
		daath occurrad	30 yrs mos	No. f death occurred in a horpital or institution, give its sds. How long In U.S. if of foreign bir	NAME introduction	Ward d number) mosds
(a) Residence: No.		t St.	ce of abode)	St., 4 Ward.	resident give city or town an	ad State
PERSONAL AN	D STATIST	ICAL PART	TICULARS	MEDICAL CERTIFIC		
	or or race		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH May	22	4
a. If married, widowed, or div	orced			(Month)	(Day)	(Yeer)
HUSBAND of (or) WIFE of	x Om	rethia (ook Jones		to	, 19
DATE OF BIRTH (month, da AGE Yaars 50	y, end year) Months	Days I	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at		_; deeth Is sald
8. Trede, profassion, or p kind of work done, SAWYER, BOOKKE! 9. Industry or businass in work wes done, es: SAW MILL, BANK, 10: Date dacaesed last wo this occupation (mo year)	as SPINNER, EPER, etc which SILK MILL, atc rked at	1/04 sp	time (yaars) 30 cupation	Huknown De Gerebral Burks	(sease, probably	
2. BIRTHPLACE (city or town) (Stata or country)		Island	Md.	Other Contributory Causes of importance:	ived.	
13. NAME WM • 14. BIRTHPLACE (city or to	M. Jone Dea	s ls Isla Md			Date of	
16. BIRTHPLACE (city or to (State or country)	ornelia wm) Dea ey Todd mbridge	Abbott ls Isla Md.	•	What test confirmed diagnosis?	NCE) fill in also the followin Date of injury City or town, county and See	ng:
B. BURIAL, CREMATION, OR F	EMOVAL	•	4/34.,19	Mennar of injury		
m	nville ambridg	S. LeCo	mpte //	24. Wes disaese or injury In eny way related to If so, spacify	occupation of deceased?	
A FILED Afler 2.4.	19.5.42).	Wilhe	Registrar.	10.0	St. Vambre	es Dea

S. No.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none,

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BUREAU V. S.				
Other contributory causes of importance:	- :	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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ARGIN RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.48

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

V. S. No. 1

		OF	MAR	YLAND-	CERTIFICA	ATE OF DEA	ATH (14913
1	1. PLACE OF DEATH					31)		
4	County Dorchester					Registration	Dist. No.)
, .	Village or City Cambrid	ge,	Md.		ND.	idge Md Hos	St	Ward
	Length of residence in city or town w	ere death	occurred	(If	death occurred in a horpit	lal or institution, give its NAM in U.S. if of foreign birth?	E instead of street an	d number)
	2. FULL NAME Mary E			inthicum	and the state of t	in 0.3.11 of foleign biffilia	yis	.mosas.
4	(a) Residence: No. Churc	h Ci	reek	Md.				
	(a) Residence: ND. Office	,11 02	(Usual place	of abode)	St.,Ward		t give city or town a	nd State
AT SEC.	PERSONAL AND STATE	STICA	L PART	ICULARS	MEDI	ICAL CERTIFICAT		no brate
	sex 4. COLOR OR RACE emale White	5.	SINGLE, MAR	RIED, WIDOWED,	21. DATE OF D	EATH May	9th	4
_	If married widowed or divorced		111.002.2	. 200		(Month)	(Day)	(Year)
	HUSBAND of Henry D. I	int	hicum.		22. () LHE	REBY CERTIF	Y, That I attende	ed deceased from
					July	, 1932, to 2		1934
_	DATE OF BIRTH (month, day, and year)	-	3/1898		(jast saw h al	live on	19	; death is said
7.	AGE Years Months		Days	If LESS than 1 day,hrs.	to have occurred on the		.55 _m .A.M.	
_	35 6		6	ormin.	were as follows:	E OF DEATH and related cau	ses of importance	Date of onset
S	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hou	se Wii	fe	Hyperleu	seave Can	dis -	
-	9. industry or business in which				yasrul	las disease		
חה	work was done, as SILK MILL, SAW MILL, BANK, etc	X			Negue	replates	Unstrus)	6 Darl 10 200
20	10. Date deceased lest worked at this occupetion (month end 1932 spent in this year)				aren			aprd1934
12.	DIRITIE LACE (CR) OF COMIN		er Co		Dther Contributory Cau	sees of importance:		
2	(State or country) 13. NAME John S. Ri							
T.			ester	Co		aoue		
L A	14. BIRTHPLACE (city or town) (State or country))I.GII	Md.		Neme of operation	00	Date of	
2	15. MAIDEN NAME Mary E.	Asp			What test confirmed dia		Wes there a	
Ē	16. BIRTHPLACE (city or town) Dor	hes	ter C	0		xternal causes (VIOLENCE) f		_
2	(State or country)	7220	Md.		Where did injury occur	micide?	Date of injury	, 19
17.	INFORMANT Mrs Charlo (Address) Cambrid	tte	Keene Md.	•			r town, county and S OME, or in PUBLIC I	tale) PLACE.
18.	BURIAL, CREMATION, OR REMOVAL				Manner of injury			
	Place Church Creek	, Mq	ate 5/	II 234, 19	Nature of injury			
19.	UNDERTAKER Granville (Address) Cambrid	S. ge,	LeCom	pte.	24. Was diseese or injur	y in any wey related to occup	pation of deceased?	CO.
20.	FILED 7/07/1-, 19.34	7.5	Gil	ent Registrar.	(Signed) (Address)	Cambrid	en je med.	M. D.
	If n	ore blank	s are needed, a	address State Registrar,	2411 N. Charles Street, Bai	ltimore, Requesting U. S. No.	<i>J.</i>	

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENTET	OI II OIS	TOTE	T CTCTTTTTC	DIATION	D 1.	THEOLOGIAN

of OCCUPA-

h	14	68	1	1
J	4	9	1	+

1. PLACE OF DEATH	(36)
County threhester	Registration Dist. No.
Village or City W. Cambritages	No. Bayley Rook St. Ward
	death occurred in a horbital or institution, give its NAME instead of street and number)
1 D & n Ht	ds. How long in U.S/if of foreign birth?yrs,mosds.
2. FULL NAME John 13 Manue	
(a) Residence: No. (Upartilace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male colour OR DIVORCED (write the word)	(Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Hester Marketos	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1869	I last saw h war alive on 2 11, 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Date of onset
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Venelity may
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10. Date deceased last worked at 11. Total time (years)	to was not determined. It was not a con-
this occupation (month and year) spant in this occupation	plecation or seguela of say other sisease Cuty
12. BIRTHPLACE (city or town). Occomac	Other Contributory Causes of importance:
(State or country) bergunch	helibritis. 29
13. NAME Cidau Malkows	10/34
13. NAME Cidam Mallows 14. BIRTHPLACE (city or town) Decomes	Name of operation.
(State of country) Drymer	What test confirmed diagnosis? Was there and work was there and work with the confirmed diagnosis?
15. MAIOEN NAME Farme Downing	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Ceccomac Va	Accident, suicide, or homicide Date of injury Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Reorgania Waters (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Laubidy M. Date 5-23, 1930	Nature of injury A Prod
19. UNDERTAKER THE COLOR	24. Was disease or injury in any way related to occupation of deceased?
(Address) 218 Mury De Canbudge no	(If so, specify A Doney Off)
20, FILEO 5 - 2 2 1934 DT. Leckert mul	(Signed) April 1900.
Registrar.	(Address) Cambredge, M.

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Example I	il.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F. F. F. IVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH 04915
H COR	(3)
County Double	Registration Dist. No.
Village or City Andreadge In	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs.	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Enma	mean
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WOR DIVORCED (write	the/word) 2 May 20 193 3 4
5a. If merried, widowed, or disporced	(Month) ((Day) (Yeer)
HUSBANO OF June 1. Means	22. HEREBY CERTIFY, Thet I ettended deceesed from
6. DATE OF BIRTH (month, day, end yeer) Qut 1, 18 h	O I last sew han elive on May 185, 1924; death is sai
	LESS than to have occurred on the date stated above, at 3.3.0 a.m.
	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
8. Trade, profession, or perticular kind of work done, es. SPINNER,	A. M
SAWYER, BOOKKEEPER, etc.	Viruema Grah!
work was done, es SILK MILL, SAW MILL, BANK, etc	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	s Hellers ster 1911
71. 11.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	- Myperteurson -
II 13. NAME A. Bushin	
14. BIRTHPLACE (city by town)	Name of operation Oate of What test confirmed diagnosis? Alaxania Was there an eutopsylla
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
≤ (Stete or country)	Where did injury occur?:
17. INFORMANT A. A. CANALIS (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Plece Cambridge Mr Date Mayde	Manner of injury
19. UNOERTAKER Day & Many	24. Wes disease or Injury In eny way releted to occupetion of deceased?
(Address) Cumhing mil	if so, specify
20. FILEO 5-2/, 19 Jy D. Guluth	(Signed) (Address) M. (Address) M. (Address)
If more blanks are needed address S	tate Registrar, 241 N. Charles Street, Baltimore, Requesting V. S. No. 1.
aj mara ana mandala, dilatan di	Med

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11			
Other contributory causes of importance:		Other contributory causes of importance:	- 14 6
Gallstones	May 1,1923	Gastroenteritis	1 year
			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

18345

85Ai

1. PLACE OF DEATH	CERTIFICATE OF DEATH 04916
conty County Contested	Registration Dist. No.
Village or City Community (If Length of residence in city or town where death occurred Pyrs, mos	No. St., Ward of death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth? yrs. mos. ds.
2. FULL NAME (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	5 - Mes abortion
10. Data daceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 12. BIRTHPLACE (city or town) Caracteristics (Stata or country)	Other Contributory Causes of Importance:
13. NAME Verna months	
14. BIRTHPLACE (city or town).	Name of operation
15. MAIDEN NAME Any Detection 16. BIRTHPLACE (city or town) Balestone (State or country) 17. INFORMANT Market (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Despose Jack House May 5, 19.3	Manner of injury
19. UNDERTAKER PROPERTY PACEUS AND	24. Was disease or injury in any way related to occupation of deceased? The lift so, specify (Signad) The lift so that the lift so the lift so the lift so that the lift so that the lift so that the lift so that
20. FILED May 5., 19 3 (1) Flance Registrar.	(Address) M. D. (Address) M. D. 2411 N. Charles Street, Baltimore, Requesting T.) S. No. 1

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Arteriosclerosis.		1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	phritis 11.0. 7 11.3	1 1921	Run over by street car	1 week ago
Cerebral hemorrhage	RIDGALL V S	July 5, 1927	Peritonitis	3 days ago
	Annual Control of the			
Other contributory of Gallstones	causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 049	17
1. PLACE OF DEATH	04), 1	(20) Begintestion Diet No. 1/4	
County County	00	Registration Dist. No. 1/b	
Village or City	(If	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death			ds.
2. FULL NAME RKS de	v.u. ne	hold	
(a) Residence: No.		St., Ward.	
PERSONAL AND STATISTICS	(Usuai place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICA			
Temale White 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the write)	21. DATE OF DEATH 5 7 ,193 (Month) (Day) (Yei	4/
5a. If married, widowed, or divoyed HUSBAND of (or) WIFE of	ichola)	22. I HEREBY CERTIFY, That I attended daceased	d from
6. DATE OF BIRTH (month, day, and year)	ays 1857	I last saw h 22 alive on 5719134 19 ; death	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7. 9. m.	
11/	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	west work	leute prentery & Data of	s on set
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Seculation	
SAW MILL, BANK, etc.	1 =	acute cataronale dugestone Cona	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Quantion: two ase ks.	
AND THE LOCAL COLUMN AND ADDRESS OF THE PARTY OF THE PART	1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		·	
" 13. NAME THE 1/13	Marina	_	
14. BIRTHPLACE (city or town)	0	Name of operation Data of	
(State or country)	40	What test confirmed diagnosis? Was there an autopsy?.	
15. MAIDEN NAME	the Kraft	23. If death was due to axternal causas (VIOL ENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town)	1 2	Accident, suicida, or homicide?, Date of Injury, 19	
State or country	7	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address)	holys	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OF REMOVAL	Date 11/04 27 1930	Manner of injury	
19. UNDERTAKER F. B. Wei	Modylely	24. Was disease or injury In any way related to occupation of deceased?	
(Address)	rele	if so, specify	
20. FILED 5/22 , 1934 Chr	Registrar.	(Signed) Hogh Mylor Md	M. D

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	Example I	8	Example-II	
The principal cause o of importance were as Arteriosclerosis	f-death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	11 1	July 5,1927	Peritonitis	3 days ago
	MINEAU V. C.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		Jji		

)		TO STEEL	TAT .	T A ATTEC	1	TOTATO T	DISTRICT ATO I OF A STEROMAN ASSOCIATION	
E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOI	VITTH	UNFAD	ING I	NK-TI	HIS	IS A PE	RMANENT	RECO
should be carefully supplied. AGE should be stated EXACTLY. PHY	ully s	supplied.	AGE	plnods	pe	stated E	XACTLY	PH.
OF DEATH in plain terms, so that it may be properly classified. Exact	plain	terms,	so that	it may	be	properly	classified.	Exact
s very important. See instructions on back of certificate.	t. Se	e instruc	tions (n hack	of	ertificate.		

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statement

should state of death county. Down STATE OF MARYLAND—CERTIFICATE OF DEATH County Dorbhester Registration Dist. No. __ TT6 Cambridge, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where daath occurred 34 yrs _______ ds. How long in U.S. If of foreign birth? ______ yrs ______ mos_____ 2. FULL NAME Mary L. Orem. (a) Residence: No. Henry St. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word)
Single Female White 5a. If married, widowad, or divorced HUSBAND of I HEREBY CERTIFY. That I attanded deceased from (or) WIFE of X 1910 to May 15 6. DATE OF BIRTH (month, day, and year) 7/18/1883 7. AGE **Yaars** Months Days If LESS than to have occurred on the data stated above at 9 I dayhrs. 50 25 9 Tha PRINCIPAL CAUSE OF DEATH and ralatad causas of Importance or min. Date of onset 8. Trada, profession, or perticular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. None 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Date deceasad lest worked at 11. Total time (yaars) this occupation (month and spant in this occupation ____ (Stata or country) John K? Orem. FATHER I3. NAME 14. BIRTHPLACE (city or town) Caroline Co. (Stata or country) Md -MOTHER Mary E. Orem. 15. MAIDEN NAME 23. If daath was due to axtarnal causes (VIOLENCE) fill In also tha following: 16. BIRTHPLACE (city or town) Worchester Co. (State or country) Mdd Accidant, suicide, or homicide?_____ Data of Injury______19____ (Specify city or town, county and State) Mrs Mary E. Airey. Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Cambridge. Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Cambridge, Md. Date 5/14/3449 Granville S. LeCompte. 24. Was diseasa or injury in any wey related to occupation of decaased?___ 19. UNDERTAKER Cambridge. Md (Address) If so, spacify (Signad) Registrar. (Address) _____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
BUREAU V. C.	<u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County alochestes	PRegistration Dist. No. //D
Village or City Huglock, Med -130	ick dending Hoad St., Ward
Length of residence in city or town where deeth occurred yrs	the action occurred in a hospital or institution, give its NAME instead of street and number) ### document in a hospital or institution, give its NAME instead of street and number) ###################################
MA 20 MALES City less the	Parkers
2. FULL NAME 100 MUNIC CUSTOM	Ch Word
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAY 4 21
Male Col Single (infant	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	2200. AL HEREBY CERTIFY, Det lattended deceased from
(or) WIFE of	4M. May 4 1934 to 110 M. May 4, 1994
6. DATE OF BIRTH (month, day, and yeer) May 4,1934	I last saw h un elive on May 4th, 1934; deeth is said
7. AGE Years Mooths Days If LESS then 1 day, 2 hrs.	to heve occurred on the date stated above, atm.
or_a_min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es followed. Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Properties Rent
	Granden Goal
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	about 6 2 mouths gestaling
10. Date decessed last worked at this occupation (month and year) year) 11. Total time (years love spent in this love occupation)	Cause odeath not known
Herford ned	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	General Strailty of
13 NAME Levis Varker	man Chill
14. BIRTHPLACE (city or town) Mary Pard	Neme of peretion none Date of low
(Stete or country)	What test confirmed diagnosis? Nove Wes there en autopsy? No
E 15. MAIDEN NAME Liggie Cedanis	23. If deeth was due to external ceuses (V/OL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Du any Card	Accident, sulcide, or homicide? Dete of july, 19
Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Loven Varior (Address) Hurland, Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Cashington Community 2, 1935	Nature of injury
19. UNDERTAKER Leven Parker.	24. Was diseese or injury in any way related to occupetion of deceesed? 200
(Address) /turks ma	If so, specify USA BOOD ACCES
20. FILED Mery 6-, 1934 has W Hadwas Registrar	(Signed) Preston, Will
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 04940
or County Doubustin	Registration Dist. No.
Village or City Cambridge med	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Your R. Pallian	^
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 3 ((Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Wargant S- Gillis	22. I HEREBY CERTIFY. That I attended decaased from November, 1932, to may 30, 1934
6. DATE OF BIRTH (month, day, and year) Oux 5.1865	I last saw have alive on way 30 19 34 death is said
7. AGE Yaars Months Oays If LESS than	to have occurred on the date stated above, at 49m.
68 9 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
1 8 Trade profession or particular	Myocardial tampfuny between
kind of work dona, as SPINNER. William James	while myocordial failure 5-31-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Notes that the second of the s	
12. BIRTHPLACE (city or town) Darkhaling 6 (State or country)	Other Contributory Causes of importance:
13. NAME Charles Pattern 14. BIRTHPLACE (city or town) Donbyles W.	- Chronice Duffuse Whates hupon
14. BIRTHPLACE (city or town) Downson W. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Danks	23. If death was due to axternal causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Dombos	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Alarmos Pallings (Addrass) Canadida mo	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piaca Cael run Manuel Date June 2 1937	Natura of injury
19. UNDERTAKER Junk & Allowigh (Address)	24. Was diseasa or injury in any way related to occupation of decaased.
20. FILED G - 2 , 19 34 D. Lechest & Muche. Registrar.	(Signed) Charles M. O (Address) Casubale wd
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14921
1. PLACE OF DEATH	82.00
county Darchester	Registration Dist. No. 1/D
Village or City Hurlock, R.F.D.	No. St Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 FILL MALE () E ()	de la contra del la contra de la contra de la contra del la contra del la contra de la contra del la cont
	St., Ward,
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fernale 4. COLOR OR RACE OR DIVORCED (write tha word) The morried widowed or diversely The morried widowed or diversely The morried widowed or diversely	21. DATE OF DEATH May 2nd (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Bascome M. Payne, deed (or) WIFE of Bascome M. Payne, deed	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 5an, 14" 1866	I last saw n_ eliva on 5/1, 19.24; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8-0.8-R-m.
Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House-Work SAWYER, BOOKKEPER, etc	appley, and
S 9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	The said allowed
10. Date deceased last worked at this occupation (month and year) spant in this occupation	The state of the s
12. BIRTHPLACE (city or town) Morelester Co. (State or country)	Other Contributory Causes of Importanca:
13. NAME William Rusself, 14. BIRTHPLACE (city or town) Dorchester Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Hamiston Insley	23. If death was due to external causes (VIOLENCE) fill In also tha following:
[16. BIRTHPLACE (city or town) Dorenester Co.	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs ExtEdgess, (Address) Hursock, Md. R. F. D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Washington Comstern Date Man Hth 1934	Manner of Injury
Place Washington Cemetery Date May Htm, 1934	Neture of injury
19. UNDERTAKER J. T. Framptom & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Foderals Julya Ma	If so, specify
20. FILED hilly H, 1934 Ches W Heatings	(Signed) Thogs Mylas M. D.
Registrar.	(Address) fullated ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOWDAL V. B.	0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

OCCUPA PHYSICIANS, should PERMANENT

County

Village or City

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0/28

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04923
1. PLACE OF PEATH	90
County / Vorolyster	Registration Dist. No. 112
Village or City Wards Trove	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Willa / Caleon	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Markee	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND OF CONTROL RESERVED OF CONTROL RESERVED	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 200/14/893	I last saw har alive on May 17 193 Greath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic, Ceri Cardelo ata of on the
9. Industry or business in which work was done, as SILK MILL,	
No late deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sycyland (State or country)	Other Contributory Causes of importance:
Ξ	Name of according
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an aulopsy?
IS MAIDEN NAME Les Man Man	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Level Mannes 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
≥ (State or country)	Where did injury occur?
17. INFORMANT Charles Revert	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Plugla Ling. Date May 4 1934	Nature of injury
19. UNDERTAKER J. B. Welloughey	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 3 , 184 Elizabeth & Boilear.	(Signed) M. D. (Address) Metalla 1997 M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	LIN to	July 5,1927	Peritonitis	3 days ago	
	BOR				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MOTHER

BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(130)
County & LIMI Dowling	Registration Dist. No. / 16
Village or City Cumbide med.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?ds.
2. FULL NAME Vanne Laylur	
(a) Residence: No. 205 Gay M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mogth) (Bay) (Fear)
5a. If married, widowed, or divorced	(moptin) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
FA QUALM	May 7 ,1994, to May 18 ,1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 15 3 Lts.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
/ 7 0 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cyptus Pradus SAWYER, BOOKKEPER, etc.	
Industry or business In which	Charles Charles Colon Acade
work was done, as SILK MILL, SAW MILL, BANK, etc.	grayofocoty haylally
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this 2 3 year	
4	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME hash	throwing buffeld hephales.
I WITHING	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsyll
15. MAIDEN NAME Pulanon	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT And Tillie andrews (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Combife he Date May 20, 1934	Nature of injury
19. UNDERTAKER Trush S. Alburgh	24. Was disease or injury in any way related to occupation of deceased?
20. FILED J. 20., 19 3 4 V. Geller Mul. Registrar.	(Signed) (Address) (Address) (Address) (Address) (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-, June 1 of the contract	444 A. Course Street, Dattmore, Requesting U. S. IVO. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	roma di	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		-		

ADDITION AL.	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	SPAUL	ruk	PURIDER	DIALEMENID	DI	PHISICIAN

	- we ret	

120.00

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	rchester			QUE TIC
	-			Registration Dist. No. II6
Village or C	,		43 _{vrs} mos	No. St., V f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs, mos.
	ME Mary Kath			9
(a) Residen	ce: No.	mes, Md		St., X Ward. If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)			RRIED, WIDOWED, ED (waite tha word)	21. DATE OF DEATH May I8th, 1934
5a. if married, widow	ad, or divorced			(Month) (Day) (Yaar
HUSBAND of	Late J. Edv	ard Sew	ard.	22. I HEREBY CERTIFY, That I attanded deceased
				May 15 1934, to May 14, 193
	month, day, and yaar)	9/28/18		I lest saw head alive on 1934; death is
AGE Yaa		Deys	if LESS then 1 day,hrs.	to navo occurred on the date stated above, at
6		20	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profes kind of w SAWYER,	sion, or particular ork done, es SPINNER, BOOKKEEPER, atc	None		Hyperlemme Carolin rende ?
SAWYER,	usiness in which			area.
work was	done, as SILK MILL, L, BANK, etc			
this occup	ation (month and	SD8	time (yaars)	
year)		005	upation	Other Centributery Causes of importance:
12. BIRTHPLACE (city (State or coun		nore, Md.		
1				
	uis Grasmi	J.K.		
14. BIRTHPLACE (Stete or	(city or town)	rmany		Name of operation
				What test confirmed diagnosis? Was there an autopsy?
		TICKET .		23. If deeth was due to externel ceuses (VIOLENCE) fill in also tha following:
16. BIRTHPLACE	(city or town)	ermany		Accident, suicide, or homicide?
	rs Estelle			Whare did injury occur? (Specify city or town, county and State)
7. INFORMANT(Address)	James, Md			Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATI	ON OP PEMOVAL		171	Mannar of injury
		Date 5/20		Neture of injury
IS UNDERTAKED G	ranville S	. LeComp	te.	24. Wes disaese or injury in any way ralatad to occupetion of daceasad?
(Addrass)	Cambridge,	Md.		If so, spacify
20. FILED May	Id 1934 C)	4,000	16 h. A	(Signed) John mon h

MARGIN RESERVED UNFADING INK-THIS mation should be carefully supplied. -WRITE PLAINLY,

state infor-

PHYSICIANS should

stated EXACTLY. IS A PERMANENT FOR BINDING

AGE should be

properly classified.

item of

RECORD. Every

of OCCUPA.

Exact statement

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	158
County Harehealer	Registration Dist. No.
Village or City Woulfer as That	/ ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Chagustus SI	ienton
(a) Residence: No. (Valual place of abode)	/_St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 5, 193.4 (Year)
5a. If maryed, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) APUL 18, 1935	May 3 , 1934, to May 5 , 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
(/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Day the English
9 Industry or hysiness in which	nematorium 6 do.
work was done, as SILK MILL, SAW MILL, BANK, etc.	Turkowinia oug.
10. Data deceased last worked et this occupation (month and spent in this	
year) occupation	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Cochester Cs	Secondary streptococces
(State or country)	septilcenila 2da,
13. NAME (harles (f. Shentor) 14. BIRTHPLACE (city or town) Madeson (State or country)	
4 14. BIRTHPLACE (city or town)	Nama of oparation
(State of Country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME CANADAM TO BELLEVILLE 16. BIRTHPLACE (city or town) Take wille	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
5 16. BIRTHPLACE (city or town) Services	Accident, sulcide, or homicide? Date of injury, 19
(State or gountry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles G. Thento	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 11 10 graph March Date 9 - 0 195	Mature of injury
19. UNDERTAKER harles G. Shenton Jaes	O4_Was disease or injury In any wey related to occupetion of deceased?
20. FILED 5 5 , 1934 DJ. Liebert Mic.	(Signed) a Mercue M. D. (Address) /26 Page St. Cambridge M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap-factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU V.S.		·		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AND THE PARTY AN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	£.		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH 04930

	Co, Registration Dist. No. // C
(If	No
_mos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
~	
~	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
),)	21. DATE OF DEATH Z 2. (Month) (Day) (War)
	22. I HEREBY CERTIFY. That I attended deceased from
_	I last sew here alive on way 18-, 19-34; death is said
ın	to have occurred on the date stated above, A. J.J. P.m.
.hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanco were es follows:
	Syphies 3rd Hoge may 1-33
····	22.54
7	Other Contributory Causes of importance:
. d	200
-	
1	
¥	Neme of operation Date of
	What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
2	Accident, suicide, or homicide? Date of injury, 19
-,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Manner of Injury
14	Nature of injury
	24. Was disease or injury In any way related to occupation of deceased?
	If so, specify C
11:	(Signed) My Dynch Style M. D.
	D (Address) Cambrelly & md +

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

19. UNDERTAKER (Address)

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İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		2
	, 1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ate	· Y	
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1	PLA	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ary important See instructions on heal of contificate

PLACE OF DEA				94.0			0.200
County Dorc					Registratio	n Dist. NoI	I6
Village or CityC	ambridge	, Md,	<u>-</u>	No. X		St.,_	War
Length of residence in o	ity or town where d	anth accurred I	(I	f death occurred in a hospital or	institution, give its NA	ME instead of street a	nd number)
				sds. How long in U.S	5. II of foreign pirth?	yrs	_mosd
2. FULL NAME (a) Residence: No.	7		surened res	St., Ward.	If nonreside	nt give city or town	and State
PERSONAL AN	ID STATISTI			MEDICAL	L CERTIFICAT		
3. SEX 4. COLO	OR OR RACE	5. SINGLE. MARR	RIED, WIDOWED,	21. DATE OF DEAT	H May	I2th	, 193 4
5a. If merried, widowed, or div	orced				(Month)	(Day)	(Year)
5a. If merried, widowed, or div HUSBAND of (or) WIFE of	ie Sand.				BY CERTII		
	- 4 2 1 1	0.40.4700			, 1954_, to	may 1	184.5
6. DATE OF BIRTH (month, da 7. AGE Years	y, end year) Months	9/8/188	1	I last sew alive or	n May		Z; death is sa
4.7	8	Deys	If LESS than 1 dey,hrs.	to have occurred on the date The PRINCIPAL CAUSE OF		. I5 A.M.	
8 Trade profession or -		1 4	ormin.	were es follows:	DEATH end telated ta	uses of importance	Date of ons
8. Trede, profession, or p kind of work done SAWYER, BOOKKE	as SPINNER,	Labore	0	7			
4 9: Industry or business i	n which			Magna	Jeclo	ru	Mayla
work wes done, es SAW MILL, BANK,	etc	X					
10. Date deceased last wo this occupation (mo year)	rked et /II/	34 11. Total tin	ne (years) 30 tin this 30 pation				
12. BIRTHPLACE (city or town) (State or country)	Dorche	ster Co	0	Other Coatributory Causes of	importance;		
13. NAME D. He	ary Turn	er.					
13. NAME D. He	own) Dore	hester	Co.	Neme of operation	non	Date of	
(Stete or country)		Md.		What test confirmed diagnosis		- Was there a	1.
15. MAIDEN NAME	Hennie H	urley.		23. If death was due to externa			
15. MAIDEN NAME] 16. BIRTHPLACE (city or to (State or country)	own) Dorch	ester Co	0.	Accident, suicide, or homicide	?		
17. INFORMANT Allen (Address) Car	hurley	Md .		Specify whether injury occurr	(Specify city	or town, county and S IOME, or in PUBLIC	tate) PLACE.
18. BURIAL, CREMATION, OR I	REMOVAL		1/34,19	Menner of injury			
19. UNDERTAKER Gran	ville S	. LeComp	te.	24. Was disease or injury in a	ny wey related to occu	pation of deceased?_	No
20. FILED 5-124.		Liebert	meskes Registrar.	(Signed) 22 4	Beth	uver	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	8		
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 114932
1. PLACE OF DEATH	<u> </u>
County Norchesler	Registration Dist. No./ 116
Village or City Con laid of	Exactor of Moltate Rook, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	
2. FULL NAME William Jurner	Couline
(a) Residence: No. /dillabora -	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male while marries	(Month) (Day) (Year)
5a. If married, widowed, or diverged HUSBAND of	
(or) WIFE of Vache Broakury	22. I HEREBY CERTIFY That I attended deceased from
04 6	Hast saw has alive on May 30 Ph 18 3 4 deeth is said
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than	I last saw h legalive on May 10, 10, 10, 3, 4; deeth is sald to have occurred on the date stated above, at 3, 45 P _r m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER,	100000000000000000000000000000000000000
SAWYER, BOOKKEEPER, etc.	aranalerra 175/
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupation (mobth and spant in this occupation year)	-L
- Plank as de la la la la la la la la la la la la la	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
III 13, NAME	
E 9, 6	Nies de contra
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME Eliza Janes	What test confirmed diegnosis? Wes there an eulopsy?
E	23. If death was due to external causes (VIOLENCE) fill In also the following:
State or country	Accident, suicide, or homicide?
2-1-01 P++ 1/10	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CLASE TO THE TABLE OF THE PROPERTY OF THE PROPER	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of television
Place Amorina Mil bate May 23, 193 4	Manner of injury
2627	Nature of injury
19. UNDERTAKER / Janua Tania	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Kryne Dal	If so, specify
20. FILED May 21, 1934 Dr. Trebert Mule.	(Signed) M. D.
Registrar.	(Address) Formula This
If more blanks are needed, address State Registrar,	2411 N. Charled Street, Baltimore, Requesting V. S. No. 1

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

**			

V. S. No. 1

1. PLACE OF DEATH	1	(31)	118
County	ler	Registration Dist. No.	, , ,
Village or City	redy - Gred	ND.	St.,Ward
Length of residence In city or town where	24	If death occurred in a hospital or institution, give its NAME instead of a	street and number)
	death occurred	osds. How long in U.S. if of foreign birth?yrs	ds
2. FULL NAME	a de le		
(a) Residence: No.	haplack	St., Ward.	
	(Ushal place of abode)	If nonresident give city or	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	- 4
Leccele White	men	(Month) (Day)	, 193(Year)
5a. If married, widowed, or divorced HUSBAND of	_	4	
(or) WIFE of	as Lyles	22. I HEREBY CERTIFY, That I	attended deceased from
	101.01	,1910, to May	1924
6. DATE OF BIRTH (month, day, and year)	19/1861	I last saw half elive on Many 17	, 1924_; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm.	4.
77 6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	14-01	1-1-4	Date of outset
SAWYER, BDDKKEEPER, etc		Wraema	May 1-V
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		11/1	
SAW MILL, BANK, etc	11 Table	Miraria Milital Reg	hur 190
this occupation (month end /9 3	11. Total time (years) spent in this occupation		
1 Land	have Island	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	2 md	Hulant	1900
13. NAME Beer F	There	- Wyfurunan	6100
	A 2 9 - 0	Cepetral Namortage	1700
(State or country)	nu !		Date of
(6)	1	What test confirmed diegnosis?	there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	each trans	23. If death was due to external causes (VIOL ENCE) fill in also the	following:
16. BIRTHPLACE (city or town)	specio hand	Accident, suicide, or homicide? Dete of injury	y, 19
(State or country)	de de la constante de la const	Where did Injury occur?	
17. INFORMANT Jacef It	. Ly led	(Specify city or town, county Specify whether injury occurred In INDUSTRY, In HOME, or In PU	y and State) JBLIC PLACE.
(Address)	and med		
18. BURIAL, CREMATION, OR REMOVAL	1 . 1 - 1 - 1	Manner of Injury	
Place	Date / / 7	Nature of Injury	
4SLC	and t	24 Was disease or injury in any way related to convenience of	1/1
19. UNDERTAKER (Address)	and me	24. Was disease or injury In any way related to occupation of dece	ased! L.CA
m .=	el III	If so, specify	
	-1. // //.	(Signed) Yak: // // // // //	M D

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To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1915	Run over by street car	1 week ago
			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BI DEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	ECORD. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	TER	
· Z / /	. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. E.	TION is very important. See instructions on back of certificate.	

1	. PLACE OF	STATE C	OF MARY	/LAND—	CERTIFICATE OF DEATH	4934
C	NPO	Dorchesi	- 61.72		Registration Dist. Np.	116
Village or City Cambridge					No. Cambridge Md. Hospital St.	/
				(If	death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
	Length of residen	co in city or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2	. FULL NAMI	E Mellic	Warren			
	(a) Residence:	No. Brook	riew, Man	ryland.	St., Ward.	
phone			(Usual place o		If nonresident give city or town an	id State
_		L AND STATIST	-		MEDICAL CERTIFICATE OF DEATH	
	Sex 4	Black	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day)	., 193
5a.	If married, widowed,					(Year)
	HUSBAND of (or) WIFE of	Un.	mown	TO THE	22. I HEREBY CERTIFY, That I attended	d deceased from
6.	DATE OF BIRTH (mo	nth, day, and year)	December	r. 10.10	I last saw her alive on Du (0 193	Z; death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 24 Pm.	
	28	4	26	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causos of importance were as follows:	
z	8. Trade, profession	n, or particular				Date of onset
110		done, as SPINNER, OKKEEPER, etc	Housew	ork	Cente Juphriti	?
JPA	9. Industry or busi work was do	iness in which ne, as SILK MILL, BANK, etc				
OCCUPATION	10. Date deceased le	est worked et	II. Total tim	ne (vears)		
0	this occupation	on (month and	spent	in this		
	area area	77.5			Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or (State or country)		13118		Syphia	5
2	I3. NAME	Alex Bros	ATTO		·	
FATHER		77-:-	rginia		2.	
FA	14. BIRTHPLACE (cit (State or cou	ty of town)			Name of operation Dete of	7-
œ	15. MAIDEN NAME	Nettie			What test confirmed diagnosis?	
MOTHER					23. If death was due to external causes (VIOL ENCE) fill in also the following	-
MO	16. BIRTHPLACE (cit (State or cou		irginia.		Accident, suicide, or homicide? Date of injury	, 19
	(0.0.0 01 000	Mospital	records		Where did injury occur? (Specify city or town, county and Sta	ate)
17.	(Address)	(b) 11 1 1 1 1	1		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PI	LACE.
18.	BURIAL, CREMATION	OR REMOVAL	1 LMS	me	M	
	Place Car	thew Had	etato 5	- 9 1935	Manner of injury	
19.	UNDERTAKER (Address)	1. H. Wy	elough	J VSm	24. Was disease or injury in any wey related to occupation of deceased?	m
20.	FILED 5-8	19.34 1	Fen	Registrat.	(Signed) (Address) (Address)	M. D.
		If more	blanks are needed, ad		2411 N. Charles Street Baltimore Paguetting 93 S. No.	in a second discourse

7, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 weck ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

OCCUPA 1. PLACE OF DEA plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city frown where death occurred How long in U.S. If of foreign birth? PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH assified. BINDING 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY That I attended deceased from (or) WIFE of 7. AGE Years Month Days If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importence or_____min. 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... RESERVED may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent In this that occupetion __ 5 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town Name of operation. plain (Stete or country) should be carefully Whet test confirmed diegnosis? MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?. OF DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Manner of injury mation NOIL Nature of Injury (Address)

Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Year)

Date of onset

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

m

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18. BURIAL, CREMATION, OR REMOVAL Plece Cambridge.

20. FILED 2-2 5 , 19. 3 y

19. UNDERTAKER Granville S. LeCompte (Address) Cambrudge, Md.

Co	AU. 77				(3)	
-	County Dorch				Registration Dist. No. II6	
	Village or City Ca	mbridge	Md.		No. X. St.,	Wa
	Langth of residance in cit	y or town whare da	ath occurred 2	9 yrs, mo	f death occurred in a hospital or institution, give its NAME instead of street and numbesds. How long in U.S. if of foreign birth?yrsmos	1)
2				Whitely.	g	
	(a) Residence: No.	TT 4 37			St.,Ward.	
			(Usual place	of abode)	If nonresident give city or town and State	
	PERSONAL ANI		CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	1. 00201		OR DIVORCE	RIED, WIDOWED. D (write tha word)	21. DATE OF DEATH	A
_		jite	Wido	wed	May 23 , 193 (Month) (Dev) (O	Year)
ba.	If marriad, widowed, or divor	Arthur	T Whi	+01**		
	(or) WIFE of Late	AI GHUI	0. 11117	rera	May ho 194 to May 23	ad fr
6. D	DATE OF BIRTH (month, day,	and yaar)	IO/26/I	840	Hast say res alive on May 2 3 1,1934; deat	h ie e
7. A	GE Yaars	Months	Deys	If LESS than	to have occurred on the data stated above, at a 15 Am. M.	
	93	6	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were ex follows:	
5	8. Treda, profession, or par kind of work dona, a SAWYER BOOKKEEP	ticular s SPINNER. TATA	221.0		Serile arteris selevaris Onta	ofons
ATION	SAWYER, BOOKKEÉP 9. Industry or business in	, 4(0)II.G		Myolardeal desquipersation ?	
CUPA	work was done, as SI SAW MILL, BANK, et	LK MILL,			Myocardial facture 5-22.	3
ö	10. Date deceased last work this occupation (mon	ed et		me (years)		
	year)			petion	Other Country of Count	
12.	BIRTHPLACE (city or town)_	Dorches			Other Cantributory Causes of Importance:	,
~	(Stata or country)		Md.		Chroace Deffuse nephortes	*
E -	13. NAME Zebulo	on Mitch		~		
14. BIRTHPLACE (city or town) Dorchester Co				Co	Name of operation Dete of	
(Stata or country) Md,				4	Whet tast confirmed diagnosis? Churcial Was there en autopsy	, U
I					23. If daeth was dua to external causes (VIOL ENCE) fill in also tha following:	
Q W	16. BIRTHPLACE (city or tow (State or country)	n) DOL	Md.	Co	Accident, suicide, or homicide? Date of injury, 1	9
		man II.			Where did injury occur? (Specify city or town, county and State)	
17. 1	(Address)	Caston.			Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, spacify

24. Wes disaase or Injury In eny way related to occupation of daceased?

. Date 5/25/34 . 19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Table 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis & FCEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	à.			
Other contributory causes of importance:	gardy.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(SIA)
County Workleder	Registration Dist. No. // D
Village or City Surlock	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or term where death occurredmos	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stille /2 /100	lese,
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
emale white OR DIVORCED (write the word)	May 25, 1934 (Year)
5a. If married, widowed, or divosced HUSBAND of (or) WIFE of	22. 7 I HEREBY CERTIFY, Jhat Lettended decaased from
6. DATE OF BIRTH (month, day, and year) May 28 1863	I last saw have alive on Mach 24, 19.3 % death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 / Pt _m.
// // 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, House work SAWYER, BDOKKEEPER, etc.	Possible Pell and mon-malignant.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Brain tubor, benigna engar
10. Data deceased last worked at this occupation (month and spent in this	Laft middle lake Duration: four grass.
. 0	Dther Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	won / chace
13. NAME James Corperay	
14. BIRTYPEACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Prenelite loyd	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Hast new Market Date May 27,1934	Nature of injury
19. UNDERTAKER DE 18 Willoughly	24. Was disease or injury in any way related to occupation of deceased?
(Address) Herrico of made	If so, specify
20 FILED 57 27 1934 Charles Tur	(Signed) M. D.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-IARGIN RESERVED FOR BINDING

state

Exact statement of OCCUPA-

PHYSICIANS should

stated EXACTLY.

AGE should be

certificate.

TION is very important. See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	t description of the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BEIREAU VOIC				
	1000 A			
Other contributory causes of importance:		Other contributory causes of importance:	E WILL	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	RTHER STA	TEMENTS BY	PHYSICIAN
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